



South Dakota Office of Rural Health – Emergency Medical Services

March 2019

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Director's Welcome

By Marty Link—EMS Director

Greetings from the Office of Rural Health EMS Program.

This year, like many of the recent past has been exceptionally busy. Our hearts go out to those who have been impacted by the flood water, mother nature, and other life challenges. Please keep your head up during these difficult times.

As we progress into 2019, the EMS Program will be designing and implementing a new License Management System (LMS). This LMS is our internal database that collects, stores, and reports on information pertaining to individual certifications and ambulance service data.

The goal of the new system will be to increase efficiencies and allow for a streamlined user interface via a web-based portal.

ImageTrend was awarded the RFP; this will further integrate information from the electronic Patient Care Reporting portal to the LMS. The LMS will also facilitate accessibility for service directors, instructors, and individual EMTs to access their accounts and update accordingly.

The EMS Program is also developing a SD Agenda for the future document; a small stakeholder group has been assembled to assist with this process. The goal of the "Visioning" group is to draft a Visioning document for 2040. We are excited with the work that has been accomplished thus far and look forward to sharing a "working" document with each of you in the near future.

Take care and be safe!

Marty



Mental Health First Aid Workshops

By Julie Smithson, Western EMS Specialist

Mental Health First Aid (MHFA) is an 8-hour course that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of addictions and mental illnesses.

The purpose of the MHFA course is to better equip first responders to identify and help individuals who may be suffering from a mental health issue. The MHFA course is an eight hour course from **8 a.m.-5 p.m.** CT or MT depending on the physical location. Through the Naloxone Project, numerous individuals have expressed interest in attending one of these courses. We are pleased to offer this training through opioid grant dollars and the great partnerships with the Helpline and Prevention Centers. **No cost to participants.**

Topics Covered:

- Depression and mood disorders
- Anxiety disorders
- Trauma
- Psychosis
- Substance use disorders

Interventions learned:

- Panic attacks
- Suicidal thoughts or behaviors
- Nonsuicidal self-injury
- Acute psychosis
- Reaction to a traumatic event



Classes (8am—5pm): *(Each class can have up to 30 students, on a first come first serve basis.)*

4-4-19	Lemmon	Three Rivers Counseling, 11 East 4th Street
4-9-19	Huron	Campus Center, 333 9th Street SW
4-9-19	Pierre	Governor's Inn, 700 W Sioux Avenue
4-18-19	Sioux Falls	Helpline Center, 1000 N West Avenue Suite 300
4-30-19	Chamberlain	AmericInn, 1981 E King Street
5-9-19	Mission	Bishop Harold Jones Building, 100 Avenue E
5-15-19	Eagle Butte	Cheyenne River Sioux Police Department, 2105 D Street
6-11-19	Aberdeen	Aberdeen Public Safety Building, 114 2nd Avenue SE

To Register:

The Northeastern, Western, and Southeastern Prevention Resources Centers along with the South Dakota Helpline will facilitate the MHFA courses. In order to register for the MHFA course, please complete the survey: https://www.surveymonkey.com/r/MHFA_Course.

South Dakota Rural EMS Leader Workshops: Getting Community Attention and Support

By Julie Smithson, Western EMS Specialist

As the challenges of workforce and funding continue to grow, local leaders must educate their communities. In a 2018 EMS statewide survey of South Dakota community leaders, 76% said they wanted to learn more about EMS, its challenges and sustainability. These fun and engaging workshops will prepare you to tell your EMS story locally and gain positive attention for the road ahead. We will arm you with eye-opening data and information, discuss a variety of strategies for engaging your community, and strengthen your confidence in presenting, informing and educating. You will leave with materials in hand that will help you tell a powerful story about EMS, current challenges and what your community can do to ensure EMS is sustainable.

Workshops are for all EMS agency leaders, managers, officers and board members and are offered without charge. **Sessions will be held from 10:00 AM to 4:00 PM, with lunch and snacks provided.**

Workshops are free to participants. Please choose one of the locations below and go to <https://safetechsolutions.us/south-dakota-rural-ems-leader-workshops-getting-community-attention-and-sup> to register or our ems.sd.gov website for the link to register. Please direct any questions you may have to Megan McCabe, megan@safetechsolutions.us.

Space is limited to 26 so please register soon.

May 6, 2019

Hilton Garden Inn - Rapid City
815 E Mall Drive
Rapid City, SD 57701

May 7, 2019

RedRossa Italian Grille - Pierre
808 W Sioux Avenue, #200
Pierre, SD 57501

May 8, 2019

Ramkota Hotel & Watertown Event Center
1901 9th Avenue SW
Watertown, SD 57201

May 9, 2019

Hilton Garden Inn—Sioux Falls South
5300 S Grand Circle
Sioux Falls, SD 57108

2019 EMS On The Hill Day

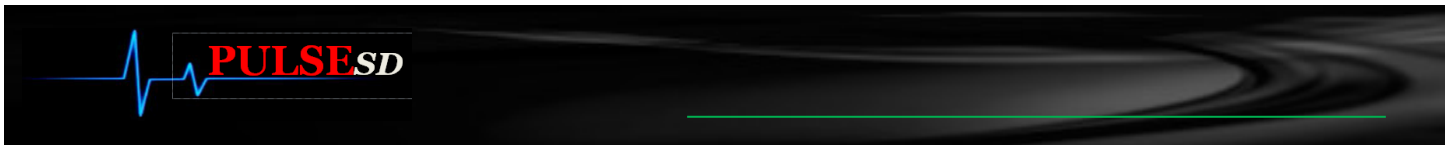
By Maynard Konechne - SDEMSEA Political Committee



2019 EMS On The Hill Day February 11, 2019 in Pierre, SD

This year EMS On The Hill was sponsored by:
South Dakota Emergency Medical Services Association; Emergency Medical Instructor Society; and South Dakota Ambulance Association

Any questions contact: Maynard J. Konechne
Cell (605)-730-0462 or e-mail: mjkemtkc@hotmail.com



Changes for BLS Recertification

By Lance Iversen, Educational & Professional Standards Coordinator, State EMS Data Manager

Beginning April 1, 2019, the SD EMS Program will be changing the requirements and topics of EMT Recertification.

The EMS Program is adopting the National Registry's 20-hour National Component requirements, topics and number of hours, which can be done via distributive education (online courses) for those who only have South Dakota EMT Certification.

This will streamline the recertification process for those who are State only and for those who are Nationally Registered. The National Registry's 20-hour National Component topics will be the same so training officers, coordinators, educators will not have to do different trainings in order to fulfill the requirements of State or National Registry, and EMTs will not have to struggle trying to find continuing education that will fit into the State or the National Registry certification models. This will hopefully reduce confusion.

The hours for State Only EMTs will drop from 24 to 20. CPR/AED certification will still be a requirement for recertification and is in addition to the 20 hours of defined topics.

Out of the 20 hours required, a maximum of seven (7) hours can be done by distributive education (online courses), the remaining 13 hours will need to be done via live training.

Below are the topics and number of hours for each following the current National Registry's National Component requirements, which we are moving to on April 1:

Airway/Respiration/Ventilation: 1.5 Hours

Ventilation [1 Hours]

Oxygenation [0.5 Hour]

Cardiovascular: 6 Hours

Post-Resuscitation Care [0.5 Hour]

Ventricular Assist Devices [0.5 Hour]

Stroke [1 Hour]

Cardiac Arrest [2 Hours]

Pediatric Cardiac Arrest [2 Hours]

Trauma: 1.5 Hours

Trauma Triage [0.5 Hour]

Central Nervous System (CNS) Injury [0.5 Hour]

Hemorrhage Control [0.5 Hour]

Changes for BLS Recertification...continued

By Lance Iversen, Educational & Professional Standards Coordinator, State EMS Data Manager

Medical: 6 Hours

Special Healthcare Needs [1.5 Hours]

OB Emergencies [0.5 Hour]

Infectious Diseases [0.5 Hour]

Pain Management [0.5 Hour]

Psychiatric and Behavioral Emergencies[0.5 Hour]

Toxicological Emergencies – Opioids[0.5 Hour]

Neurological Emergencies – Seizures[0.5 Hour]

Endocrine Emergencies – Diabetes[1 Hour]

Immunological Emergencies [0.5 Hour]

Operations: 5 Hours

At-Risk Populations [0.5 Hour]

Ambulance Safety [0.5 Hour]

Field Triage—Disasters/MCIs [0.5 Hour]

EMS Provider Hygiene, Safety, and Vaccinations [0.5 Hour]

EMS Culture of Safety[0.5 Hour]

Pediatric Transport [0.5 Hour]

Crew Resource Management [1 Hour]

EMS Research[0.5 Hour]

Evidence Based Guidelines [0.5 Hour]

For those who are in the middle of their recertification cycle, you can continue with the previous 24 hour requirements you started with or transition to our new requirements listed above on our website.

We will be making similar changes with the EMR provider level recertification later in the year for their next recertification period beginning October 1, 2019. The EMR changes will be in the September newsletter and on our website.

We are no longer printing and mailing recertification booklets. They can be found online and you can download and/or print for your reference if needed. Recertification will be done online when we move to the new License Management System that Marty discussed earlier in this newsletter.

EMS Week - May 19 - 25, 2019

By Julie Smithson, Western EMS Specialist

What is your plan for EMS Week? National Emergency Medical Services (EMS) Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving of medicine's "front line."

Start planning now!

There are many EMS Week promotional options available. Here are just a few:

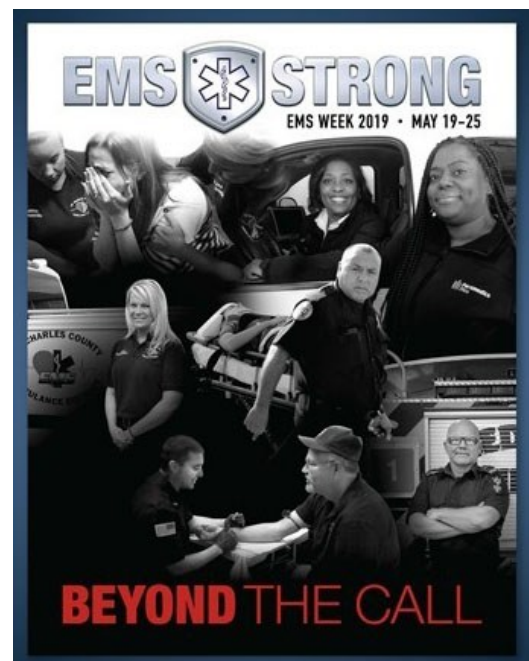
- Host an Open House
- Promote EMS on the radio, tv, and newspaper.
- Educate children and adults about First Aid, CPR, or Stop the Bleed.
- Host a bike rodeo, car seat check, or a teddy bear clinic.
- Go to schools and introduce children to the tools of EMS.
- Host a coloring or poster contest.
- Host a mock car accident and let community leaders be part of the EMS crew.
- Put an ad in the newspaper or a sign in the yards of EMS personnel thanking them for their commitment.
- Inform the public on South Dakota's Comfort One program. ems.sd.gov
- Use this time to recruit future members.

These are only a few ideas. If you're looking for more ideas, go to: <https://www.acep.org/emsweek>

Also, let your South Dakota EMS Specialist know about your EMS Week events. We would love to enjoy your activities with you.

THEME DAYS FOR 2019

- **Monday** - Education
- **Tuesday** - Safety Tuesday
- **Wednesday** - EMSC Day
- **Thursday** - Save-A-Life (CPR and Stop the Bleed) "National Stop the Bleed"
- **Friday** - EMS Recognition Day



Spotlight EMS: Gettysburg Ambulance Service

By Beth Hamburger of Gettysburg Ambulance

Gettysburg Ambulance Service has been around for 50 years. In trying to pin down an exact year of this organization's beginnings, many memories were shared. One was of how the volunteers started without the use of an ambulance and used the local funeral home hearse to serve the citizens of Gettysburg and Potter County. Our first ambulance was purchased in 1968.

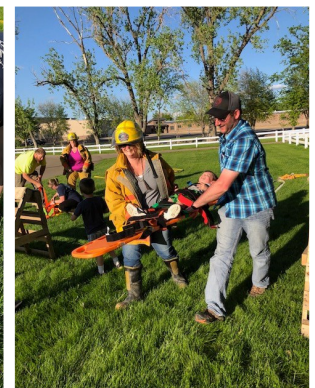
The service is a city based service. Volunteer EMTs still staff the service as they have from the beginning. They are "hired" through the city council. Basically that means, you took the class, passed, and filled out an application with the city. As we all know, that means they put a lot of time and work into becoming certified and are accepted onto the Gettysburg Ambulance Service.

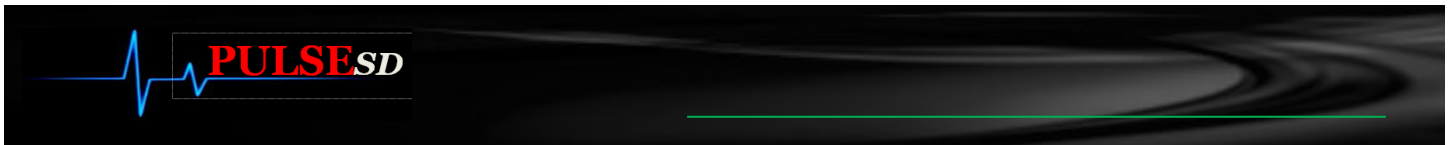
We currently run our service with seven active EMTs and have six inactive EMTs if needed. The status of inactive means they take three or less runs per year and keep their certification current. All of our EMTs are at the basic level, with one currently taking a paramedic course. As with most rural ambulance services, our EMTs work full time jobs such as: farmers, school employees, CNAs, heating and air technicians, game, fish and parks employee, business owners and operators, and me, the housewife.

Gettysburg Ambulance service operates two ambulances and serves most of Potter County. Besides emergency runs, we also transfer patients from the Gettysburg Hospital to Pierre, Aberdeen, Sioux Falls, and Bismarck. We are fortunate to have a landing strip that allows medical planes to land here for air medical transport. Our service call volume for 2018 was 112.

Our service tries to be involved with the community outside of emergency calls. In the past, we have gone into the school, by request, and taught basic first aid and guided students through how they can help someone until the ambulance arrives, or until they can get the patient to the hospital. We stage at local rodeos and all home football games. We have taken an ambulance to the county fair to allow people to stop, get blood pressure checks, look inside our ambulance, and ask any questions they may have. Last year, in conjunction with our firemen, we put together a community event at our local park. An obstacle course was made using emergency equipment and allowed for parents and children to participate in an evening of fun and food.

Currently, we are working toward a sustainable future for three communities by holding an EMT class in Gettysburg with students from Onida, Hoven, and Gettysburg.





South Dakota Ambulance Association (SDAA) Annual Conference

By Brian Hambeck, SDAA President

The SD Ambulance Association held our annual conference February 9 and 10 in Pierre. The conference was full of great knowledge and wonderful speakers. We were able to have representatives from SD Medicaid and the American Ambulance Association, who addressed the upcoming Medicare cost reporting that will be required of all EMS agencies beginning in 2020.

Billing agents from SD Medicaid spent two hours with our audience of EMS Directors, managers and training officers from around South Dakota discussing recent changes in billing, as well as coding for proper approval of claims. The Medicaid staff discussed who is eligible for Medicaid and how it differs from Medicare. There have been some very recent changes to SD Medicaid billing codes for BLS, ALS and mileage charges. Helpful information was also presented about the SD Medicaid on-line portal. They covered how to find patients information, their eligibility, appeals and claim submissions.

Representatives from the American Ambulance Association, Angela McLain and Rebecca Williamson, flew into our COLD state from Oklahoma to discuss the Medicare's Cost Reporting project. The federal Medicare budget for EMS only accounts for 0.82%. The AAA is working diligently with CMS to advocate for EMS providers nationwide to ensure a fair & equitable reimbursement for services. Rules for Cost Reporting are still being outlined, however, CMS will start collecting data next year and for the next four years from EMS agencies nationwide to ascertain what it actually costs to provide services to Medicare patients. Angela and Rebecca addressed many areas of data and how to calculate the results. There are many areas of data that CMS will be looking for and failure to fill out the data correctly will result in loss of revenue for ALL EMS agencies. As more information comes out on what is required we plan on holding training sessions to help your service provide accurate information.

The most exciting news from federal Health and Human Services/CMS was announced two weeks after the conference. CMS announced the Emergency Triage, Treatment and Transportation or ET3 program.

About the South Dakota Ambulance Association

The SD Ambulance Association is a professional association of EMS leaders dedicated to the discovery, development, and promotion of excellence in leadership and management in EMS systems, regardless of EMS system model, organizational structure or agency affiliation.

We are an inclusive organization of EMS leaders and managers. We welcome all, regardless of organizational size, corporate structure, ownership, or philosophy.

We believe in and act upon evidence-based best practices.

We understand that individuals responsible for EMS delivery must be both effective leaders and capable managers, with the necessary knowledge, skills, abilities and attitudes to perform in both roles.

For more information, please visit our website: <https://sdaa.wildapricot.org/> or email president@sdambulance.org

“A Game Changer” - Big Changes Are On The Way (continued)

By Brian Hambek, President of the South Dakota Ambulance Association

Emergency Triage, Treat, and Transport (ET3) Model

The Center for Medicare and Medicaid Innovation’s (Innovation Center) Emergency Triage, Treat, and Transport (ET3) Model is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to: 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor’s office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth.

The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.

Why develop a model for emergency medical services (EMS) innovation?

Currently, Medicare regulations only allow payment for emergency ground ambulance services when individuals are transported to hospitals, critical access hospitals, skilled nursing facilities, and dialysis centers. Most beneficiaries who call 911 with a medical emergency are therefore transported to one of these facilities, and most often to a hospital ED, even when a lower-acuity destination may more appropriately meet an individual’s needs.

An earlier White Paper by the U.S. Departments of Health and Human Services and Transportation found that Medicare could save \$560 million per year by transporting individuals to doctors’ offices rather than a hospital ED; taking into account avoided inpatient hospitalizations and opportunities for treating in place may garner further savings and quality of care improvements. Thus, there is great opportunity for improvement in care quality and reduction in costs to the Medicare program through innovation in emergency medical services (EMS).

In addition, a range of EMS innovations across the care continuum has been instituted throughout the country. The ET3 Model builds upon design components and lessons learned from such innovations as well as several EMS-related Innovation Center Health Care Innovation Award (HCIA) recipients.

How does the ET3 model transform the ambulance system?

With the support of local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches, ambulance suppliers and providers will triage people seeking emergency care based on their presenting needs. The model aims to ensure Medicare Fee-For-Service beneficiaries receive the most appropriate care, at the right time, and in the right place. As depicted in the figure below, the model may help make EMS systems more efficient and will provide beneficiaries broader access to the care they need. Beneficiaries who receive treatment from alternative destinations may also save on out-of-pocket costs. An individual can always choose to be brought to an ED if he/she prefers.

“A Game Changer” - Big Changes Are On The Way

By Brian Hambek, President of the South Dakota Ambulance Association

What are the model’s goals?

The ET3 model aims to reduce expenditures and preserve or enhance quality of care by:

- **Providing person-centered care**, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their healthcare through the availability of more options
- **Encouraging appropriate utilization of services** to meet health care needs effectively.
- **Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

How will the model achieve these goals?

The ET3 Model aims to achieve these goals through three core features:

1. *Quality-adjusted payments for EMS innovations*

- Provide new payment options for transport and treatment in place following a 911 call
- Tie payment to performance milestones to hold participants accountable for quality

2. *Support for aligned regional markets*

- Make cooperative agreements available to local governments, its designees, or other entities that operate or have authority over one or more 911 dispatches acting on their behalf in regions where selected model participants operate
- Focus funding on the establishment of medical triage lines to ensure appropriate use of EMS resources and advance multi-payer adoption to support overall success and sustainability

3. *Enhanced monitoring and enforcement*

- Build accountability through the monitoring of specific quality metrics and adverse events
- Include robust enforcement to ensure patient safety and program integrity

Who can participate in the model?

The key participants in the ET3 Model will be Medicare-enrolled ambulance service suppliers and hospital-owned ambulance providers. In addition, to advance regional alignment, local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic areas where ambulance suppliers and providers have been selected to participate in the model will have an opportunity to apply for cooperative agreement funding.

Together, ambulance suppliers and providers will focus on direct services, while local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches will create a supportive structure to ensure successful and sustainable delivery of those services.



Ambulance Suppliers and Providers will support EMS innovation by transporting Medicare beneficiaries to currently covered destinations (e.g., ED) or alternative destinations, and by providing treatment in place with a qualified health care practitioner (on site or via telehealth).



Local Governments, its designees, or other entities that operate or have authority over one or more 911 dispatches will promote successful model implementation by establishing a medical triage line for low-acuity calls received via their 911 dispatch system.

“A Game Changer” - Big Changes Are On The Way (continued)

By Brian Hambek, President of the South Dakota Ambulance Association

Who is eligible for the model interventions?

Any individual who calls 911 and is connected to a dispatch system that has incorporated a medical triage line under the model would be screened for eligibility for medical triage services prior to ambulance initiation. Upon arriving on scene, participating ambulance suppliers and providers may triage Medicare FFS beneficiaries to one of the model’s interventions upon ambulance dispatch following a 911 call. As part of a multi-payer alignment strategy, the Innovation Center will encourage ET3 Model participants to partner with additional payers, including state Medicaid agencies, to provide similar interventions to all people in their geographic areas.

How may Medicare beneficiaries and their families benefit from the ET3 model?

Participating ambulance suppliers and providers will have greater flexibility regarding where and how a beneficiary receives care following an emergency. By paying for ambulance transport to new destinations or treatment in place for beneficiaries with lower-acuity needs, beneficiaries will gain new ways of accessing care settings during an emergency. As a result, the model may allow beneficiaries to avoid hours spent in the ED as well as reduce exposure to hospital-acquired conditions.

How will funding be awarded?

The Innovation Center anticipates releasing a Request for Applications (RFA) in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. Once participants have been selected and announced, the Innovation Center anticipates issuing a Notice of Funding Opportunity (NOFO) in Fall 2019 of up to 40 two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

The Innovation Center anticipates utilizing a phased approach with up to three rounds of RFAs, up to two releases of NOFOs, and staggered performance start dates. The staged approach across multiple application rounds is designed to advance key design elements of the ET3 Model and optimize overall impact, including regional uptake of its innovations and multi-payer alignment.

What is the model timeline?

The ET3 Model will have a five-year performance period. The anticipated start date is January 2020. The performance period for all participants, regardless of start date, will end at the same time; thus, only applicants selected through the first RFA will participate for the full five years.

Resources and Support

For more information on the ET3 Model, please visit: <https://innovation.cms.gov/initiatives/et3/>. If stakeholders have questions on the ET3 Model, they can send an email to ET3Model@cms.hhs.gov.

The ET3 description above is directly from CMS.

For more information of who the SD Ambulance Association is and how we can help you and your agency please visit our website at: <https://sdaa.wildapricot.org/>



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Note: The Sioux Falls EMS Office has moved to a new location.